



**CONTRACT AWARD SHEET**  
**Internal Services Department**  
**Procurement Management Services**

*Bid No. 9284-1/20-1*  
*Award Sheet*

**Procurement Management Services** DIVISION

BID NO.: **9284-1/20-1**

PREVIOUS BID NO.:

TITLE: **ODOR CONTROL ATOMIZING SYSTEM PRE-QUAL**

CURRENT CONTRACT PERIOD: **05/10/2015** through **05/09/2020**

Total # of OTRs: **1**

**MODIFICATION HISTORY**

*Bid No. 9284-1/20-1*

*Award Sheet*

**DPM Notes**

**APPLICABLE ORDINANCES**

LIVING WAGE: **No**

UAP: **Yes**

IG: **No**

OTHER APPLICABLE ORDINANCES:

**CONTRACT AWARD INFORMATION:**

**No** Local Preference

**No** Micro Enterprise

Full Federal Funding

**No** Performance Bond

Small Business Enterprise (SBE)

PTP Funds

Partial Federal Funding

**No** Insurance

Miscellaneous:

REQUISITION NO.:

PROCUREMENT AGENT:

**RAMSEY, HERMAN**

PHONE: 305 375-2851

FAX: 305 375-4407

EMAIL: [HRAMSEY@MIAMIDADE.GOV](mailto:HRAMSEY@MIAMIDADE.GOV)

VENDOR NAME: CHEROKEE ENTERPRISES INC  
 DBA:  
 FEIN: 650891158 SUFFIX : 01 33016  
 STREET: 14474 COMMERCE WAY CITY: MIAMI LAKES ST: FL ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET45 TOLL PHONE: -

**VENDOR INFORMATION:***CERTIFIED VENDOR**ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
Gabino Cuevas	305-8283353	-	305-8289317	gc@CHEROKEECORP.COM

VENDOR NAME: ALL READY CHUTE, INC  
 DBA:  
 FEIN: 510470693 SUFFIX : 01 33486-3  
 STREET: 801 Aurelia Street CITY: Boca Raton ST: FL ZIP:  
 FOB\_TERMS: DEST-P DELIVERY:  
 PAYMENT TERMS: NET45 TOLL PHONE: -

**VENDOR INFORMATION:***CERTIFIED VENDOR**ASSIGNED MEASURES*

Local Vendor:

SBE	Set Aside	Bid Pref.
Micro Ent.	Selection Factor	Goal
Other:	Vendor Record Verified?	

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**Vendor Contacts:**

Name	Phone1	Phone2	Fax	Email Address
William Stone	561-6207821	-	561-3387502	ecolo@att.net

**ITEMS AWARDED Section:**

Details: **9284-1/20-1**

**See attached roadmap**

Item # Description

Qty

Unit Price

**End of ITEMS AWARDED Section**

**AWARD INFORMATION Section**

BCC Award:

DPM Award: **No**

BCC Date:

DPM Date: **04/22/2015**

Contract Amount: \$ **150,000.00**

Additional Items Allowed:

Agenda Item No.:

Special Conditions:

**Insurance Type 01**

**BPO INFORMATION Section:**

1	<b>ABCW1500399</b>	
<b>Commodity ID</b>		<b>Commodity Name</b>
031-69		ODOR CONTROL EQUIPMENT (INDOOR)
<b>Department</b>		<b>Department Allocation</b>
AD		\$25,000.00
PW		\$125,000.00

**End of BPO Information Section**